

LOCATION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H		4/20
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T H	JC 844	05/16/01
RESPONSE FORMALITY REVIEW	LS	JC 706	08/03/01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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32	V
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35	V
36	V
37	V
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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08/06